

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. 158.7019USU

As below named inventors, we hereby declare that:

Our residences, post office addresses and citizenships are as stated below next to our respective names.

We believe we are the original, and first joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HEALTH AND LIFE EXPECTANCY MANAGEMENT SYSTEM

the specification of which

(check one) XXX is attached hereto.

_____ was filed on _____ as Application Serial No. _____
and was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to us to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56 and §1.63(e).

We hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>	<u>Priority Claimed</u>
_____ (Number)	____ Yes ____ No
_____ (Country)	
_____ (Day/Mon/Year Filed)	
_____ (Number)	____ Yes ____ No
_____ (Country)	
_____ (Day/Mon/Year Filed)	
_____ (Number)	____ Yes ____ No
_____ (Country)	
_____ (Day/Mon/Year Filed)	

We hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status - patent, pend., abandon.)

(Application Serial No.)

(Filing Date)

(Status - patent, pend., abandon.)

POWER OF ATTORNEY: As named inventors, we hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

NAMES	REGISTRATION NUMBERS
Paul D. Greeley	31,019
Charles N.J. Ruggiero	28,468
Harry F. Smith	32,493

SEND CORRESPONDENCE TO:	DIRECT TELEPHONE CALLS TO:
Paul D. Greeley Ohlandt, Greeley, Ruggiero & Perle, L.L.P. One Landmark Square, 10 th Floor Stamford, Connecticut 06901-2682	Paul D. Greeley, Esq. Telephone: (203) 327-4500 Telefax: (203) 327-6401

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR	LAST NAME LADOC SI	FIRST NAME LEWIS	MIDDLE NAME T.
RESIDENCE & CITIZENSHIP	CITY SHORT HILLS	STATE OR COUNTRY NEW JERSEY	CITIZENSHIP US
POST OFFICE ADDRESS	P.O. ADDRESS 177 HOBART AVENUE	CITY & STATE SHORT HILLS, NEW JERSEY	ZIP CODE 07078-2802

Inventor's signature


Lewis T. Ladocsi

Date

10/27

, 2000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lewis T. Ladocsi and Robert C. Miller
Serial No.: Not Yet Assigned
Filed: Concurrently Herewith
For: HEALTH AND LIFE EXPECTANCY MANAGEMENT
SYSTEM
Attorney Docket No.: 158.7019USU

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the
concern identified below:

NAME OF CONCERN: LifeSpan Interactive: Medical Information
Management, LLC

ADDRESS OF CONCERN: 177 Hobart Avenue
Short Hills, New Jersey 07078

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled

HEALTH AND LIFE EXPECTANCY MANAGEMENT SYSTEM

described in

☒ the specification filed herewith
☐ Application, Serial No.: _____, filed: _____
☐ Patent No.: _____, issued: _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below" and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

FULL NAME: _____

ADDRESS: _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME: _____

ADDRESS: _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and

